

# ETHICS & MEDICINE

## A Christian Perspective

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**Aims:** The aim of the Project is to develop a Christian mind on the complex and fundamental challenges posed to society by technological advance in medical science. Rutherford House is a research centre whose theological position is both Protestant and conservative, but the Project is intended to draw together those with a common concern for a distinctively Christian approach to Medical Ethics.

The Project is currently engaged in publishing and in organising conferences, and hopes to be able to expand these and other areas as support allows.

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## Virtue in Question

In the Editorial which introduced the last issue of *Ethics & Medicine* (1:4) the thesis was presented that a new medicine was developing to take the place of the old medical tradition which stems from Hippocrates and which has so decisively shaped Western society. Since that discussion provoked a certain amount of interested response, in this issue we intend to take the idea further.

It is often said that the real difficulty of the traditional values in medical ethics is that they are without compassion. The doctor who will always say No to an abortion request, or who would never agree to speed the end of an elderly patient or lessen the chances of a struggling neo-nate – he is without compassion, is he not? Some would go further, and in the context of controversy and debate there are many of us who have been called much worse things because of the ethical stance which we have taken up. The idea is that the man or woman who holds to a principle in the face of clamant and distressed demand that would involve its renunciation is lacking in some essential virtue.

And it is an interesting idea, particularly since it depends upon the inversion of a traditional notion of virtue itself. Time was when someone who stood for a principle was commended. But times have changed. At least, times have changed to some degree. The notion that it is virtuous to stand for principle remains widely accepted; but only in the case of *approved* principles. Unfashionable principles, however elevated they once were in the medical tradition itself, have ceased to command respect. That is to say, the idea of standing by an ethical principle rather than simply acceding to pressure is still seen to be good in itself, and that gives the lie to the criticism with which we began – that it is wrong to say No to a distressed patient or relative *because so to do is to stand by an abstract principle and to fail to show compassion*. It is not actually the fact that the doctor stands by a principle (or that the ethicist thinks he should) that the new medicine and its enthusiasts find so offensive. It is, of course, the principle itself. Since it is more difficult to argue with a principle (especially a principle like the sanctity of human life!), the attempt is made to blacken the men and women who hold it dear by casting them in the role of unfeeling and uncompassionate observers who have nothing to say to those who have come to them for help.

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What then of compassion, held out as the dominating virtue of the new medicine, the card that must trump every other, the supreme rule of post-Hippocratic practice? Well, it is a fine thing to be compassionate. But the attempt to turn compassion into a virtuous principle – *the virtuous principle*, to take the place of the Hippocratic principles of conduct – is simply incoherent. For compassion is not, strictly, a virtue or a principle at all. It is an emotion, a feeling. That is what the dictionary says, and on reflection, however surprised we may be to learn it, we discover that the dictionary is right.

For while we are used to the idea that compassion necessarily leads to virtuous conduct, we come to realise that this is only because it is virtuous men who are being compassionate. To take a crude example, a criminal may show his compassion for his invalid wife by stepping up his criminal activities to provide for her every need. To take another crude example, a paediatrician may show his compassion for the parents of a handicapped child in his care by bringing about his or her early death. Indeed the administration of death as an option in clinical management is increasingly seen as an option for compassion, whether (as we suggested last time) for the patient/victim or for those who stand to gain (one way or other) by the patient/victim's death.

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***Compassion is a feeling for those who suffer, and it is a feeling which has the appearance of a virtue because it catalyses action to deal with their suffering.***

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Compassion is a feeling for those who suffer, and it is a feeling which has the appearance of a virtue because it catalyses action to deal with their suffering. It does not contain within itself any particular prescription for action. Action will run on lines already decided by the ethical character of the one who acts. If his or her character is that of the old medicine of Hippocrates, then compassion is unfailingly virtuous. If it is other, if the pragmatic and utilitarian concerns of the new medicine have already been digested, then while its fruit may be predictable it will not be predictably virtuous. Of course, in many circumstances it will be the same. New medicine and old have much in common, at least on the surface. But in many circumstances it will lead one man to do something which another regards as incomprehensibly evil, like killing a healthy child in the womb or fertilising an ovum to create a tiny human guinea pig. Those who do these things, and those who approve them, regard them as acts of high compassion; and so they are. But they are acts of a compassion informed not by Hippocratic or Christian principles of virtue, but by the distorted notions which have come to take their place in so much medical-ethical thinking. The child must die because his or her mother is truly distressed at the thought of feeding another mouth, or missing her holiday, or losing a year in her university course. The embryo must be begotten and live out an entire human existence in order that, perhaps, some later person's ailment may be cured.

The old medicine has no monopoly of compassion. Its monopoly is of virtue, in its adherence to a code which will 'do no harm' as it does good, repudiating (as Hippocrates does in plain words) the taking of life both inside and outside the womb. The claim that this tradition lacks compassion is a slur on past as much as present upholders of its system of values. But, more than that, it is an attempt to divert attention away from what matters. We all feel for those who suffer. Some of us also respect them too much to think that they, or anyone else, should die in order to end their suffering.

NIGEL M. DE S. CAMERON



# What Kind of Being is the Human Embryo?

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1. The question 'What kind of being is the human embryo?' contains two main concepts; 'kind of being' and 'human embryo'. The first concept presupposes that there are a variety of kinds of being, or entity, in reality. One kind of being is those natural entities like stones and rocks which we call non-living beings, inanimate entities. There are other non-living entities like motorcars and chairs which we describe as artifacts, and some others which we describe as works of art, such as paintings. These are entities brought about by human design and human hands; they are not products of the natural world itself.

2. Other kinds of natural entity are plants and animals, among which the human being counts as one kind of animal within the various mammalian species. Plants and animals are living beings, animate beings. In these beings what we call 'life' is manifested. The human embryo – as any other animal embryo – counts among the living beings of nature. It is not an inanimate entity, like a rock, or an artifact like a machine. I shall come to this point later; it is of great importance, although apparently obvious.

3. The concept of the 'human embryo' is referred to in a variety of ways in current biomedical literature and in public debate. Let me mention some of these descriptions by way of illustration: "pre-embryo" (quite recently coined), "cluster of cells", "a human biological node", "human embryonic material", "a biological being", "not a full human", "a potential human", "a full human", "a human being", "a human personal being", "a blob of cells", "the product of conception", "a conceptus". What is behind this variety, of descriptions – some of them incompatible with others – of one and the same being? It is the question of the true *ontological status*, of the human embryo i.e. the question concerning the specific kind of being the human embryo is. By 'human embryo' I understand the *human conceptus*, formed when the process of fertilization is completed, and persisting through all its subsequent stages of development before it acquires human form. After that stage the human conceptus is usually described as a fetus until the time of birth.

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***My conviction is that the human embryo is a human person, a being of human nature with an eternal destiny.***

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The questions, then, which we have to consider are these: Is the human embryo a mere conglomeration of molecules and cells, "human embryonic material"? Is the human embryo a living human being but not a human person? Is the embryo a living human being and a human person? My conviction is that the human embryo is a human person, a being of human nature with an eternal destiny. I take this conviction to be true, and grounded on biological knowledge, philosophical reflection and the Christian faith and way of life which I share with other Christians in the community we form as a Church. But this conviction is not universal. Hence it is my responsibility to contribute and witness to this conviction in dialogue and cooperation to the best of my ability. This is what we are here for.

4. Our attitude cannot be one of avoiding the issue of the status of the embryo altogether, either because it is difficult or because it does not suit us. People of conscience and integrity have to face difficult questions when they are important. In June 1985 the Board of Social Responsibility of the Church of England issued a Report on Human Fertilization and Embryology entitled *Personal Origins*. On page 33, section 97 of this report we read:

"However difficult it may be to decide whether the early embryo is, or is not, a human being, in the most important sense of the term, the question to be resolved is still whether something is or is not the case, and not some other kind of question."

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***If I do not know for certain what the human embryo really is, then I cannot know what is its proper value and hence the moral claims it has upon me.***

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In this particular context "whether something is or is not the case" means whether the human embryo is a human being in the full sense or not, i.e. whether it is or is not one of us, a being of full humanity and personal life. The real question, indeed is one of "to be or not to be". It is an ontological question, a question connected with 'being'. The text of *Personal Origins* continues:

"Some of our contemporaries have hoped to avoid the question of the embryo's status altogether, and have thought it possible to move directly to a purely deliberative question: how are we to act towards the early embryo? The implication of this manoeuvre would seem to be that human status is not so much discerned as conferred; that social practice is sufficient of itself to validate the claims of any pretence to humanity. The authors of this report . . . are agreed in finding this solution unsatisfactory."

5. So do I. For it is clear that if I do not know what kind of being the human embryo is, neither will I know how I should act towards it. If I do not know for certain what the human embryo really is, then I cannot know what is its proper value and hence the moral claims it has upon me. It is clear that we need to know what things are as a necessary condition for knowing how we should treat them and the kind of respect owing to them.

Questions of 'being' and 'not being' are not a mere matter of human decision. Rather, they require a sense of human and intellectual responsibility in the recognition and appreciation of what is true independently of our wishes. An attitude of respect for truth, the whole truth, is the necessary presupposition for determining questions of 'what is' and 'what is not' making possible the advancement of true wisdom and knowledge. Michael Polanyi has written in connection with this attitude:

"A man who has learned to respect the truth will feel entitled to uphold the truth against the very society which has taught him to respect it. He will indeed demand respect for himself on the grounds of his own respect for truth, and this will be accepted, even against



their own inclinations, by those who share his basic convictions. Such is the equality of men in a free society." (*The Study of Man*, the University of Chicago Press 1985 pp.61-62)

6. The majority of the signatories of the Warnock Report are to be included among those of our contemporaries referred to in *Personal Origins* who have avoided the crucial matter of the ontological status of the human embryo, namely: whether it is or is not a human person. The Report states:

"Although the questions of when life or personhood begin appear to be questions of fact susceptible of straightforward answers, we hold that the answers to such questions in fact are complex amalgams of factual and moral judgements. Instead of trying to answer these questions directly we have therefore gone straight to the question of *how it is right to treat the human embryo*. We have considered what status ought to be accorded to the human embryo, and the answer we give must necessarily be in terms of ethical or moral principles." (11.9)

7. The question 'How is it right to treat the human embryo?' has been answered in the Warnock Report in two ways. One; the right way to treat *some* human embryos is to consider them as mere means for the benefit of other human beings; some human embryos can be bought and sold, possessed and treated as property, harmed, destroyed and disposed of; some human embryos can be generated for the sole purpose of experimentation and then disposed of before day 14. Of course, not all human embryos should be treated this way, for then there would not be test-tube babies, nor indeed babies at all; it would clearly be the end of the human species. Why only *some* should be treated in this way and not others, and which ones are in what group, is really a matter of chance determined by the intentions and interests of the generators.

The second answer found in the Warnock Report as to how it is right to treat the human embryo is given in Dissent Form B signed by Madeline Carriline, John Marshall, and Jean Walker. It is broadly this (although some qualifications would be needed): *Every human embryo* should be generated with the sole purpose of allowing it to live and develop following its normal course of development; human embryos are not to be deliberately used, harmed and destroyed as mere instruments for the benefit of others; they are not to be generated with a view to their destruction in order to improve the results of in vitro fertilization on the advance of knowledge.

8. The moral principles in the light of which these two different answers are given are not explicitly stated in the Report but they are clearly discernible. The principles are based on the two alternative basic evaluations of the individual human being.

(a) The individual human being is of no intrinsic worth, he may be deliberately exploited or harmed or destroyed for the benefits of others. He is of instrumental value; he need not be respected and treated as an end in itself.

(b) The individual human being is of intrinsic worth, he cannot deliberately be used, exploited, harmed or destroyed for the benefits of others. He is of non-instrumental value; he must be respected and treated as an end and not as a mere means.

The signatories of the majority report profess to accept the general moral principle that the human being is an end in itself and should never be exploited by another human being in the case of e.g. human adults, but they qualify their

acceptance of the principle by saying that it applies to "in almost every case".

The Report states:

"Even in compelling medical circumstances the danger of exploitation of one human being by another appears to the majority of us far to outweigh the potential benefits, in almost every case. That people should treat others as means to their own ends, however desirable the consequences must always be liable to moral objection." (8.17)

It would be no good to me or you if, in the implementation of this principle, we happened to be the exceptional cases not included in "almost every case".

9. The signatories of the Report cannot avoid adopting a position about the kind of being the human embryo is, and here they are all of one accord: the human embryo is a *potential human being*, or a potential human person, (see 11.22 and Dissent form B.3). By this is meant that the human embryo is the kind of being that of itself, given nurture, will develop to a stage at which every one will recognise it to be a human person. Put in more simple terms, whether we like it or not, you and I and the signatories of the Warnock Report have to recognise that we have been human embryos, human beings of embryonic form. There is no way in which we can deny this truth.

10. Yet the *moral significance* that the committee members recognise in this potential differs. For the majority of them it is not of much significance at all: the early embryo can be treated as chattel. In contrast Carriline, Marshall and Walker recognise that a being that is regarded as a potential human has a special status in virtue of this *potential*. They put it:

"It is in our view wrong to create something with the potential for becoming a human person and then deliberately destroy it."

They give an illuminating medical analogy to support their view:

"at no stage was a transplant undertaken with the intention the patient should not survive."

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**To uphold this view that the innocent human being can be deliberately exploited, harmed and destroyed is to abolish the basis on which all legal and natural justice rests.**

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11. Let me stress the fundamental point I want to make in what I have said. Underlying current medico-scientific trends which support experimentation on human embryos at the expense of their integrity and well-being, there is a valuation of the individual human being which rests on two basic presuppositions: the first has to do with morality while the second is an ontological presupposition.

(i) The value and interest of science and the rest of society may override the value and interests of the individual human being; the human being is of instrumental value.

(ii) The newly-conceived human, the human embryo, does not enjoy full human status like one of us, for it is not a human being or a human person, but only a potential one.

Clearly, for those who hold that the human being is of no intrinsic worth, whether the human embryo is a full human or not is of no importance. For even if it were a human being, given pressing needs, it could be deliberately harmed or 'sacrificed' for the benefit of others as a child or



adult might be. If innocent human beings can be harmed, killed, 'sacrificed' for others, the human embryo obviously can. To uphold this view that the innocent human being can be deliberately exploited, harmed and destroyed is to abolish the basis on which all legal and natural justice rests. If large numbers in our society advocate or practically live by this view and attitude it is an indication of the enormous need for true moral witness and effort to counteract that trend. Let us recall that slavery was declared illegal in Britain in 1807 after the bill for its abolition had been introduced in the House of Commons, debated and defeated eleven times.

12. Let me now focus on the second presupposition mentioned above, namely that the human embryo is only a potential human person, and that therefore to harm or destroy it is not to destroy a human person.

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***Most of the fundamental problems of life are concerned with general attitudes of mind, with outlooks, with overall frameworks or points of view, more than with mere matters of detail.***

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Current embryological knowledge about the generation of animals and human beings clearly establishes the fact that every conceptus begins once the process of fertilization has been completed. We all know that the new human conceptus will grow of itself into the adult being. Why is it, then, that many of our contemporaries do not recognise in this very fact that we all share a common humanity, and that as humanly equal we should all equally be respected? Why is it that the *same embryological facts* are interpreted and accorded a different significance? Why is it so difficult for many to recognise that the terms 'human being' and 'human person' are *absolute* terms i.e. that a living human being is either one or the other and that you cannot have 'half a human being', 'half a human person', just as you can't have 'half a dog' but you may have 'half a house' progressively becoming one? Our problems do not lie with what embryology books clearly describe. Where do they lie?

13. They may lie with a defective attitude of lack of respect for the whole truth, – as pointed out earlier – but clearly this is not always the case. Some would put it this way: 'Yes, we know we begin as organic beings at conception, but the issue is not whether the human embryo is a human being or not – for it is one – but whether it is a human person. The question is not: 'When does a member of the human species come into existence?' but rather: 'When does a human person come into existence?' The problem, then, is not a matter of biology or embryology, so what is the nature of the problem?

14. Most of the fundamental problems of life are concerned with general attitudes of mind, with outlooks, with overall frameworks or points of view, more than with mere matters of detail. So it is possible that a limited outlook may not permit us to appreciate the true significance of the embryological facts and so understand the kind of *biological beings* we are; it may also prevent us from seeing the kind of *personal beings* we are. Let me draw your attention to two of these outlooks or frameworks which act like 'mental glasses' through which reality is viewed. They are deeply engrained in our society and underlie current evaluations of the whole of living reality in general and of the human conceptus in particular. One of these frameworks has been described as 'mechanistic Darwin-

ism' and the other as 'Cartesian dualism'; both are closely related. (For a discussion of the first see David Holbrook; "Medical Ethics and the Potentialities of the Living Being", (*British Medical Journal*, 291, 17 August 1985, pp. 459-62)

15. Mechanistic Darwinism is a form of 'scientism'. It is an outlook shared by many scientists and non-scientists. In this outlook the living being is regarded ultimately as nothing more than a very perfect machine. In fact there are no living beings, but only inanimate reality. The living being is ultimately a well organised conglomeration of molecules or a mass of cells. Molecules constitute the ultimate ingredients of life, its essence. They pass from generation to generation in a continuous chain; thus, life has no specific beginning or end, but it is a process: "nature is only a self-perpetuating machine". In this perspective to call an entity unique means simply to say that it is a combinatorial reassignment of molecules; this is the case with any living conceptus, as it is also the case therefore with any mature ovum and sperm. Thus, the *potentialities* of living beings do not radically differ in nature from those of non-living entities and artifacts. A scientist involved in IVF, H. Jones (1982) has stated this point thus:

"It is sometimes said that the embryo if not a human person is potentially a human person, and therefore should be treated as such. But in this sense, so is the egg or the sperm. A chassis with four wheels attached to the beginning of the assembly line is potentially an automobile, but no-one would buy it for such until it was developed into an object which could be driven away from the line. At the beginning, it is potentially an automobile, just as is the iron from the mountain." (*Human Conception in vitro* R. G. Edwards & J. Purdy Eds Academic Press 1982)

If 'life' is ultimately denied, and explained by mechanistic laws, and if the living being is reduced to combination, replications and synthesis of molecules, how can the human embryo be understood? If after all life is chemistry, the questions of morality and philosophy are non-questions, and whatever the true questions are, molecular physics and chemistry will provide the answers to them. Science will finally tell us what 'life' and 'persons' are. There is no realm of reality beyond the realm of scientific observation.

16. The biological and philosophical significance and implications of recognising 'biological entities' as *living beings*, as *organic living wholes*, must be appreciated against the mechanistic outlook, if the nature of our embryonic and adult being is to be appreciated. So let me dwell for a moment on the truth that a living being is a living organic whole, with living autonomy, dynamic organisation and potentiality.

17. The living being is generated as a whole, it develops and sustains itself as a whole, and it dies as a whole. The living organism manifests itself to be a whole by its unified organic constitution and powers of self-growth, self-organisation, self-preservation, self-fulfilment, even self-healing. We indeed observe the living organism to come into being as a living whole, to move and function as a whole, to grow as a whole, to die as a whole. These characteristics cannot be attributed, for example to 'the brain as a whole'; that is why the brain is not identical with the 'organism as a whole' but is rather one of the organism's vital parts or organs. The unity of the living whole does not reside in any of its parts, because that unity is *not caused* by any one of its parts; the brain does not cause the unity of the living human organism, nor of any other vital organ or system. If the brain were the source and cause of the unity



of the living organism it would have primacy over other parts of the whole, e.g. it would be the *germinal* whole itself and the first generated so that it could cause the unity of all the other parts and their organisation. This is obviously not the case. The true primacy is that of the whole, of the living unit and its organisation; it is an ontological primacy over all the parts either considered singly or as a totality. The brain and all the other parts or organs develop in harmony with each other manifesting at every stage the unified organic activity of the whole. The unity and power of the whole determines – and is prior to – the form and function of the parts. The whole produces all its parts for self-maintenance at every stage of its existence, tending towards its own self-maturity. Given appropriate protection and nourishment the organic whole takes care of itself. Any part of the organism, any vital organ be it brain, heart, lung, kidneys, liver, etc., are so related to each other, and to all the other parts and systems of the organism, that none of them can be regarded singly as a “biologically independent unit” – or as causing that unity: the organism as a whole must be regarded as that unity by its own organic constitution and self-sustaining powers.

18. To claim that the unity or wholeness of the organism is not caused by any of its parts, and that nor does it reside in any of its parts, is not equivalent to claiming that the destruction of any part does not cause the destruction of any part does not cause the destruction or death of the organism as a whole. Although a living unit is not caused by any one of its elements its destruction may be brought about by the destruction of one of those elements. Clearly, the death of the brain, or of the heart or the lungs, causes the death of the whole.

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***The living being is generated as a whole, it develops and sustains itself as a whole, and it dies as a whole.***

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19. That living beings are not considered living wholes by some scientists can be illustrated by some comments of Sir Andrew Huxley, President of the Royal Society and Nobel Prize Winner in Physiology. He considers that there is an ambiguity in the use of the term ‘embryo’. He wrote in the *New Scientist* (11 April 1985 p.2) – and note the terminology he uses:

“The ambiguity arises because the word ‘embryo’ is also used to denote the *whole of the collection of cells* formed by repeated division of the fertilised egg during the first two weeks or so, although only a few per cent of these cells are destined to become the embryo proper, by far the greater number of them will turn into extra-embryonic tissue and ultimately into the structures that are discarded as the afterbirth. Furthermore, it is indeterminate which particular cells will form the embryo proper.

The embryo proper is first recognisable at about 15th day after fertilization, when a specialised region of cells called the ‘primitive streak’ first appears. Before that stage, it cannot be said that a definitive embryo exists: *the product of conception is a structure of which a small and undetermined part will – if development proceeds normally form a ‘primitive streak’ and later an ‘embryo’ in the sense in which the word is generally understood, and later again a ‘fetus’.* (my stress)

“The product of conception is a structure”. Is it not a living being? Is the being generated as a whole at the 15th day?

Are not the ‘after birth’, i.e. placenta and membranes much needed organic parts of the whole being which are developed for its subtenance as other parts are? Can the word ‘pre-embryo’, coined to abolish the alleged ambiguity mentioned by Sir Andrew Huxley, prevent the early embryo from being a living being generated and growing as a whole during the previous 14 days when it was a ‘pre-embryo’? ‘Cosmetic semantics’ cannot change the nature of reality.

20. *Cartesian Dualism*. Those who espouse a form of scientism similar to that of Sir Andrew Huxley believe that “the collection of cells formed by repeated divisions of the fertilized egg” is first merely “a collection of cells”, and that then, by the 14th day, something happens, so that what was before a non-living being becomes a living being, the ‘individual’, the whole.

A similar position is maintained by those who espouse a radical dualism of a Cartesian form. In radical dualism the belief is that we are constituted by a living body (or a ‘biological being’) and a soul, and that at some stage the two entities may exist separate and then come together. Thus, a question for dualists is this: at what point in the development of the human organism (or the human being) does the spiritual soul enter the body? For to be a person is to possess an immortal soul, and as Professor R. J. Berry has stated: “It is a false extrapolation to assume that the ‘life’ from God which transforms a biological being into a spiritual one is automatically given to every fertilised egg.” (*The Times* February 6 1950 col 6 p.15). A Catholic theologian John Mahoney in his book *Bioethics and Belief* (Sheed & Ward 1984) states the matter thus: “. . . it may be possible to have a human being which has not yet received a human soul infused by God and is therefore not yet a human person” (p.69). Professor Berry calls the human being only a ‘biological being’ and Fr Mahoney ‘a human biological node’.

21. Note one of the assumptions on which this position rests. It is possible to have a living being of the human kind, a member of the human species – a human being – and yet not have a human person. What kind of *metaphysical* being is that? No account of it is given. Let me mention in brief that for true Aristotelianism the soul is the form of the body; the soul is the principle of life; hence by definition, to be a living human being is to possess a human soul; you could not be a being of the *human kind* and not possess a soul.

22. How is it possible to know when the soul comes into a living human being and goes out of him? What criteria would count as valid? ‘None’, it would be claimed, for the soul cannot be observed or scientifically detected. Hence it is argued that as we cannot know at what point the soul comes into the body or goes out of it, we cannot know when a person begins to exist or dies. We must remain agnostic in this matter. But must we?

All the potentialities which one needs if one is to acquire the mental and spiritual activities of the human person are inextricably bound up with the embryo’s potential to develop all organs including the brain; in this sense the human conceptus is “organically complete”, nothing can be added to it. Why then is it that the human conceptus is not ‘personally complete’? If *all* potential is *actually present* in the conceptus why has it not a soul? What are the *reasons* or ‘indicators’ which suggest that the human conceptus is not a personal being and has not a soul? John Mahoney summarises the opinion of many in this matter when he says: “the possibility of twinning and recombination in every conceptus (whether it occurs spontaneously or



not) argues against a biologically stable subject for such immediate animation." (Ibid p.81) Thus, the fundamental reasons why we may doubt that the human conceptus is a human person are ultimately founded on *empirical facts* which put the "philosophical and theological doctrine of the human soul . . . in a thoroughly unsatisfactory state." (Ibid p.100). Let me consider first the biological facts of twinning and recombination and then talk about the doctrine of the soul.

23. The picture we are given of twinning and recombination in public debate is constructed through the glasses of 'mechanism' as described above. The general picture we are given is that the early embryo is a conglomeration of 'undifferentiated' cells. So the embryo in these early days can enter or be brought into subsequent divisions and aggregations of various kinds, and when these divisions, combinations or aggregations can no longer be carried out we have a stable individual, no longer capable of becoming two (or more) or of fusing with another living being. It is only at that stage that the 'splitting' of the soul cannot occur, because only then do we have a 'stable' individual, not before. Let me dwell for a moment on the misleading scientific picture which underlies this view.

24. *First*, the organic mechanisms of natural monozygotic twinning are not yet fully understood and known; there are good indications for believing that they are genetically determined and hence that the two beings emerge as *two* from conception. *Second*, recombination of full embryos to form a single chimeric one has not been proved to occur naturally, either in humans or in any other mammalian species. *Third*, the early embryo is not an undifferentiated being, either molecularly, cellularly or morphologically; it is of the human species and genetically unique; molecular differentiating activity in the cells of the conceptus (both intra-cellular and inter-cellular) is present from its beginning leading to its full differentiation and formation. Visible differentiations of cells only reflects the emerging differences in their protein and enzyme content; the code for all proteins is spelled out by genetic messages reaching the cytoplasm from the nucleus. This molecular activity between nucleus and cytoplasm is species-specific in the conceptus and active from its very beginning, embryologists tell us; organically the embryo 'knows' where it is going. The law of its *organic finality* is dynamically written within itself at every stage of its existence from the moment it is formed as a conceptus when fertilization is completed. *Fourth*, it is indeed a fact that the cells of the very early embryo can be disaggregated, aggregated, recombined to form chimeric embryos in laboratory conditions; (the 'geep' - a chimera of sheep and goat produced in Cambridge is a good illustration). This fact manifests the regulatory capacity and powers that the early embryonic beings possess in order:-

- (i) to make themselves whole again when some substantial part of the organism has been removed or damaged.
- (ii) to assimilate or integrate into their organic wholeness molecular, cellular or organ parts from other organisms. In other words powers of 'grafting', 'transplant', 'healing', 'regeneration', are present in the early living embryonic being.

This is the most important point as regards aggregation and disaggregation of the early embryos of higher animals: Organically, because living beings are wholes constituted of parts (organs), they can be manipulated, they can be literally 'mixed up'; yet, *this mixing up is not of living being*

*as wholes or of whole living beings but of their parts*. Let me give you an example. If one cell of a four-cell sheep embryo is separated from the others and allowed to develop on its own, it may give rise to a whole sheep, and so will the other original three cells. The individual cell, once separated, is a *fragment* which now becomes a whole itself. But before the separation the cell was only a part of a whole. Thus because a *part* of a being has the capacity to become a whole if separated from it, it does not cease to be a part when it is playing its own function within the whole. This general idea may be expressed in the following four propositions:

- (a) Living beings are organic wholes; as such they can shed parts (cells) which may become parts of other organisms.
- (b) Living beings can shed parts (cells) which may become new organic wholes themselves, either on their own or in combination with others.
- (c) Living beings can be deprived of or damaged in substantial organic parts and yet regulate or regenerate themselves to continue to develop as well-functioning wholes.
- (d) Living beings (of mammalian species) as *whole beings* neither divide from nor fuse with other whole beings, but their parts which they shed can.

Thus, there is *fragmentation* of parts of living beings giving rise to a sexual generation, but there is no 'fusion' and 'splitting' of living beings as *total wholes*. So if there is no fusion and splitting of beings there could not be a problem of 'splitting' of souls. Every living being is individual, i.e. organically individuated in all its dimensions from its generation to its death. The early embryo as a living whole is an individual stable organism.

### The 'soul' and the truths of faith: a task for the theologian

From a philosophical point of view, the doctrine of the soul, finds its roots in Greek philosophy. Philosophical doctrines, Christians would maintain, are not truths of faith, or truths of revelation. Truths of faith are not founded on philosophical doctrine; but ultimately on the authority of God himself whom we trust. Truths of faith are not human achievements as philosophical doctrines are. For this reason the task of a theologian (and so of a moral theologian) rests on this foundation.

"... that accepting the truth of Catholic faith present in the living Church of which one is a member, one seeks a better understanding of this truth in which one already lives" (G. Grisez, *The Way of Lord Jesus. Christian Moral Principles*, Franciscan Herald Press, Chicago, 1983 p.7)

Thus, "theology neither calls into question the truth of faith nor attempts to prove it. There is no superior standard by which to criticise or establish the word of God" (Ibid pp.7-78).

25. An important question for the theologian might be this: what truths of faith are we seeking to understand better by means of the doctrine of the soul? Truths of the faith are *living truths and attitudes* in the Christian community before they are ever formulated in principles and explained in doctrines. The divinity of Christ and the Eucharist are clear examples of this. Another legitimate question that a theologian may ask is this: what truths of faith have we received concerning the *kind of beings we are?*



We could point to some:

- each one of us is created by God as a personal unique being 'in his image';
- each one of us is called to share with God eternal life in friendship with him as a 'thou' to him;
- we are to respect one another unconditionally as children of God, and we are never to destroy a human life from conception;
- the Word of God became flesh, assumed our bodily nature and became like one of us from conception (not at the 14th day).

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***The living human organism is the living human person. There are not stages in our existence when this identity does not hold.***

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These truths cannot be changed by philosophical doctrines, even if the doctrines which once were helpful in understanding those truths are no longer so; this may be a case with the doctrine of the soul; so theologians may have to consider in what respect development of doctrine is needed. But development of doctrine cannot mean the questioning of truths of faith. A recent authoritative presentation of some of the truths mentioned above is found in the words of John Paul II quoted by the Anglican Bishop of Norwich in a recent speech in the House of Lords:

"The world has largely lost respect for human life from the moment of conception. The world is weak in upholding the indissoluble unity of marriage. It fails to support the stability and holiness of family life. There is a crisis of truth and responsibility in human relationships. And so I support with all my heart those who recognise and defend the law of God that governs human life. We must never forget that every person, from the moment of conception to the last breath, is a unique child of God and has a right to life."

That a human personal being begins to exist at conception is a truth now supported by our biological knowledge and philosophical insight and Christian faith. For human beings come into existence at conception with that capacity or power to become the *personal being* we all recognise in the adult. As a colleague of mine L. Gormally has put it:

"The continuity of development of the organism has a significance of more than a biological import. From a philosophical point of view continuity of development requires us to assume that the development *must be informed from the beginning* by a principle of life which is personal in nature. How otherwise can this organic development be for the sake of a mature, unified life which is personal in character?"

It is in and through our bodies that we are the specific kind of persons we are: our bodily constitution is the kind of personal humanity that all members of the human family share. The living human organism is the living human person. There are not stages in our existence when this identity does not hold. From conception to death every human being is a personal being in virtue of which his life, bodily integrity and conscience is always to be respected.

*Continued from p. 14*

something of which past generations knew very little. Today in America 15% of married couples cannot conceive. The majority of sterility is caused by intra-uterine devices, abortion and sexually transmitted diseases. In addition the human race is resorting increasingly to direct sterilisation by surgery. More than 9 million American women have been sterilised.

6. From 1981 onwards the trend to less and less babies every year will accelerate. The fall in the birth rate since 1967 means that every year after 1981 there will be less and less people of child-bearing age. The impact of this has been concealed so far by increasing promiscuity among the young. Women are having their babies earlier. But there are obvious physical limits to how far this can be pushed. France and Germany are already beginning to worry about the absence of children in those countries. In this country too the consequences of 1967 are becoming only too apparent, and schools are closing down all over the country. Women who have been encouraged to put careers before children will not now readily accept that motherhood is the most creative of all careers, at least as long as the means to avoid having children are available free and on demand.

Finally it is perhaps worth pointing out that none of this was necessary. "Sexual liberation" is a poisoned apple whose only fruits are exploitation and frustration. True satisfaction is and always has been found by human beings in chastity before marriage and fidelity within it. Furthermore these two virtues, allied to natural and responsible control of reproduction by married couples, can and do produce stable populations with a good balance between young and old. The 20th century has given birth control its head, and the fruits of it are now only too apparent. It can only be hoped that the 21st century will learn from the mistakes that we have made; and it is up to every responsible individual today who cares about the future of our species to see that we begin to take steps to rectify the situation created by a government policy of population control at all costs.

### **Resources**

Statistics relating to births, deaths, abortions and population quoted in the above article are mainly taken from the statistics on these four topics which are available free from the Office of Population, Censuses and Surveys, 10 Kingsway, London WC2B 6JP. Statistics about family planning are taken from the Fact Sheets issued by the Family Planning Information Service, 27 Mortimer Street, London W1N 7RJ. Facts about the history of the birth control movement are largely taken from "Birth Control in the Modern World" by Elizabeth Draper (Pelican Books 1965).

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## Some Theological Perspectives on the Human Embryo (Part 1)\*

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The purpose of this paper is to lay out some biblical themes which contribute to a theological account of the status of the human embryo, an account which itself is part of the information needed for Christian moral judgements in the problem areas of human embryology. Our task, in other words, is a limited one. We will not stray very far into the wider task of Christian ethics, nor with the equally important pastoral considerations, particularly concerning the alleviating or circumventing of infertility, which have rightly brought these themes into prominence recently.

### The shape of Christian ethics

We begin with some remarks on the shape of Christian ethics, and do so by referring first to the ancient story of God's covenant with Noah.

After the story of the Flood, the narrator of Genesis 9:1-7 concentrates on two main questions. First, he is concerned with the disordered state of the present world, and how human life is to be ordered within it. And second, he speaks of the covenant blessing of God on the life that has been saved, and restriction on certain aspects of human behaviour without which God's blessing cannot be enjoyed. Let us look at these in turn.

Verse 1 is a conscious echo of the Creation story: "Be fruitful and multiply and fill the earth." However, the tone is different: fear and dread (v.2) now colour this renewed command. In the context of a severe disruption and degeneration of the creation, which came originally from God's hands 'very good', God restates his creation purpose. In a sense, God is giving creation a new start, but the context is one of abnormality. Everything has been radically disrupted through the Fall. The Flood story speaks of divine judgement on human wickedness. But still God does not abandon his purposes for humankind. The abnormality remains, however. This is seen in the different ways God's will is expressed, first in Genesis 1 and 2, and now in a world which has been disordered. God's man is no longer in the Garden of Eden.

The importance of stressing this point is both to say that our lives and our decision-making share in this abnormality, and therefore also to say that we must beware of making morally normative whatever happens empirically to be the case. We cannot simply read off the way things are or ought to be by empirical criteria and scientific observation. Sin has disordered the way things are. It has also distorted our perceptions. Even were we still in the Garden, we would need the instruction of the Divine Word of revelation in order to understand the true nature and purpose of created things. How much more this side of the Fall. We must be very grateful for example not to try to read off the true nature of what living human entities are, or ought to be, by genetic criteria alone.

So the context for human living is no longer 'very good'. This new start after the Flood, marked by fear and dread, is also coloured by the breach of covenant between human beings and God. The sin recorded in Genesis 3 leads to the

perversity which needed the cleansing judgement of the Flood. But now God is establishing the conditions under which life may again be lived in covenant with Him. Life is now a struggle, and God imposes certain constraints on it.

Thus all Christian ethical decision-making takes place within a tension. We know something of the 'proper' will of God in creation, and yet know that this will comes to us 'refracted' through the disorders of the world. There is a further tension, too: We are, to use New Testament terms, still 'in Adam' as well as being 'in Christ'. In other words, while we are no longer in the Garden of Eden, we are Not Yet in the New Heaven and the New Earth.

It should be no surprise, therefore, that some of the ethical dilemmas which press themselves on us may require of us actions that we would not take if we were in 'the Garden', or if Christ's kingdom had already fully come. The very existence of conflicting moral claims is itself an indication and symptom of the fallenness of this world order. There may be some situations in which we cannot act in a way that is wholly good and wholly free from guilt. We may find ourselves needing to work with a hierarchy of moral claims, and needing to evaluate lesser evils and greater goods.

### Innocent human life

Having said that, and moving now to the second of our author's concerns in Genesis 9, we are given certain principles to guide our moral priorities. We need to note the nature of the restrictions imposed on human beings by God if they are to enjoy the divine blessing. There is first a blessing on all creation (vv. 9-10) as God establishes his covenant. This indicates that all life, animal and human is significant to God. Even animal blood may not be needlessly shed. The affirmation that animal life is significant to God is illustrated by the restriction against the tendency to bloodthirstiness implicit in the command 'You shall not eat flesh with its life, that is its blood.' (v.4). Animal blood may only be shed within restricted bounds. 'Even when man slaughters and kills, he is to know that he is touching something which, because it is life, is in a special manner God's property; and as a sign of this he is to keep his hands off the blood.' (von Rad).

But more than this: the blood of human beings is not to be shed at all. One human being may not decide to take the life of another. God's lordship over all human life is here asserted. There is a blessing on all saved from the Flood, yet there is a distinction between the restricted killing of animals, and the strong prohibition against killing fellow human beings. It is only the utterly serious occasion of murder among fallen human-kind which, in our author's mind, can ever require one human being by divine command to take the life of another. The death penalty in this passage only belongs within an overriding respect for the inviolability of human life. And that is a principle which is elaborated elsewhere throughout the Bible: a prohibition against shedding innocent human blood (cf.e.g. Num.35:31-4; Isa.59:7; Jer.22:3; Matt.27:4).



In summary, the Flood story points us to these themes:

- (i) We cannot simply read off the full nature of the way things are or ought to be by scientific criteria alone. We need rather to place our understanding of scientific data within the context of a created order, in which facts come to us laden with value from the Creator's hands.
- (ii) There is a value on all life as such, human and animal; there are restrictions on the taking of any life.
- (iii) There is a distinction between the human species and other animals with respect to the degree of protection appropriate to them.
- (iv) There is an absolute prohibition against the shedding of innocent human blood, namely the principle that innocent human beings have an inviolable right not to be deliberately killed.

The reason for the particular respect according to the human species is given in Genesis 9:6: 'for God made man in his own image.'

### The divine image

In the light of what we have said above, the question presses: What counts as an innocent human being in the sense that such a being has a right not to be deliberately killed? Let us explore this by taking further the concept of the divine image.

The first point to note is that there is a range of interpretations of the meaning of the *Imago Dei*. Man's upright stature, his moral nature, his capacity to know God, his rationality, his status of dominion over the rest of creation, his sexuality as male and female in interpersonal communion – all have been candidates. And in a sense, all of these are aspects of the expression of the divine image. However, most of these concentrate on some capacity in human beings to do or to be certain things. By contrast, the consensus of interpreters these days would, I think, agree with Westerman's view:

The image is not a question of a quality in people but of the fact that God has created people as his counterpart and that human beings can have a history with God. The image of God is only there in the relationship of God and the individual.

This relational aspect to the 'image' underlies also Paul's use of the analogy of the mirror: 'We all beholding as in a mirror the glory of the Lord are being changed into his likeness (2 Cor 3:18); 'The glory of Christ who is the likeness of God.' (2 Cor 4:4).

The true Image of God is seen in Christ, who – as a mirror – reflects an image if in right relationship to its object – reflects God's glory.

To be 'in the image of God', then, is not primarily a matter of our capacity to do anything. It is a matter of the relationship to Himself which God confers on us. It is not our addressability; it is to be addressed as Thou by the Divine I.

If we want to see God's image in its perfection we see it in Christ. What we see in one another is a bad reflection which, however, by a process of regeneration and resurrection can gradually be transformed. The image of God is thus both a status and a goal, a gift and a task.

Of course there are certain ontological features, certain capacities and abilities, which are involved in the *full expression* of the Image of God within this world. But the point is that all of us are called to engage in the process of becoming more fully and truly human. All of us are called

to grow and mature nearer to the image of God we see in Christ. And all of us are at a certain stage in that process of change.

It is entirely consistent, therefore, to believe that there is already a faint reflection, that God has already started on his work of creating a replica, at the earliest beginnings of embryonic life. Of course, the early embryo cannot be anything like a full manifestation of the divine image, but then neither can the fetus, the newborn, nor most of us sinful adults either. There is nothing inconsistent in agreeing with Richard Higginson's statement: 'Early embryos do not differ qualitatively from the rest of us; they are simply at an earlier stage of the development process. God has a history and a relationship with them too.'

The second point arising from the doctrine of the *Imago Dei* strengthens this view of the status of the human embryo. What discriminates between the relationship God has with trees and giraffes and the relationship he has with us, seems to be related to species identity. Out of the whole range of creatureliness God said 'Let us make man – male and female – in our image.' It is of *this* species, and not another, that God says the members of it bear his image, just as it is human flesh which the Divine Word became in the mystery of the Incarnation.

There is, therefore, a moral significance attached to being a member of the human species, which is not shared by other species. Some secular philosophers dub this 'speciesism', and find it as reprehensible as sexism or racism. But the Christian is obliged to make this fundamental discrimination. We have been addressed by God, and as it were commanded forth from the whole range of creatures to be distinct in the sense that our whole identity, what it means to be human, is bound up with our calling before God, and with the joy and responsibility of reflecting his glory. This is not something necessarily empirically observable; it is a status that is conferred on us, a responsibility that is required of us.

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**To be 'in the image of God', then, is not primarily a matter of our capacity to do anything. It is a matter of the relationship to Himself which God confers on us.**

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Now, if it is species membership rather than any capacity or ability inherent in individual members of the species that is the significant theological feature of our humanness; if, in other words, all living human beings whatever their stage of development are 'in the divine image' in the sense of being set in a relationship with God and having a history and destiny under God, then every living human being confronts me with a moral claim. In New Testament, terms, every living human being is my neighbour, with a claim on me to neighbour love. A human being does not become a nearer neighbour because he or she can do certain things, or because he or she has reached a higher stage of biological development, nor less of a neighbour because he or she lacks certain capacities. Every living human being comes under the protection of God's blessing to Noah, the covenant made with every living creature, and thus has a *prima facie* right not to be deliberately killed.

Furthermore, the heart of the meaning of neighbour love is that my neighbour may never be treated as a means only, to however good an end; he or she must always be treated also as an end in themselves. No human being is merely someone's property to be used as an instrument for some



other end. Each living human being, however young, is a partner in the human family, constituted by the divine image, and stands morally before me as my neighbour.

### Psalm 139

We can now fill out these general theological reflections by referring to certain Old Testament passages which more specifically back it up, in particular Psalm 139. This psalm is often quoted in discussion about the significance of embryonic life. We do well to look at it in some detail. It is first and foremost about God – his omnipresence, his omnipotence, and his omnificence. The psalmist is struggling with these themes in the light of his own experience of God, in which he sees his whole life embedded. He is not making objective statements about God to others, he is addressing God in prayer and worship in an I-Thou relationship.

**vv.1 - 6** As the poet looks back over his life (v 1 - 4) he sees it beneath the searching eye of God. No matter where he is, God knows him. The astonishing fact is that in all his ways he is involved in a relationship with God hidden from the natural eye. He realises that he does not belong entirely to himself, but his life everywhere points to 'those invisible bonds which unite him to the reality of God.' (Weiser). The human 'I' is the object of God's knowledge. To be an 'I' is to be known by God. So in v.6 the psalmist expresses his inability to grasp God's knowledge of him.

**vv.7 - 12** The poet now explores ways in which he might escape from God's presence. He sets up hypothetical situations, yet explores them within the faith that it is God's spirit who is present with him. This is not the fleeing of a guilty conscience, rather the innate reaction of a man who trembles at the greatness of God. In our technological age, we need constantly to be reminded of such awe in the presence of the Almighty.

**vv. 13 - 16** Instead of letting his mind dwell on ways of escape, the poet now turns to God in a more positive way. He understands himself in relation to this deep mystery of God's ever-presence by recalling God's creative power, and by applying this to himself. It is because God has created me that he knows me. The psalmist now understands his own existence as falling within the mystery of God's creative power.

We notice in particular how these verses speak of 'my unformed substance' (the word 'golen' is used only here in the Old Testament; Brown, Driver and Briggs Hebrew Lexicon translate it 'embryo').

The 'I' who is known by God is the 'I' God knit together in the womb. The 'I' who offers praise (v 14) shares the same history under God as the 'I' who was being made in secret (v17). The poet is no longer overwhelmed by the magnitude of God: his own history has a place within God's providence. Most significantly of all, there is a historical continuity of personal identity affirmed here from the embryo to the mature poet.

### Other Old Testament passages

Some other paragraphs from the Old Testament strengthen this view. In Psalm 51:5, for example, David pushes the historical continuity of his life right back to conception. And Job 10:8-11 reads: 'Thy hands fashioned me and made me. . . remember that thou has made me of clay. . . Didst thou not pour me out like milk and curdle me like cheese?' The analogy of poured-out milk that curdles like cheese is used to illustrate the pouring out of milky seminal fluid into

the female, and the development of a firm embryonic body following insemination. For a culture that knew nothing of sperm and ova this is a remarkable picture. It is also of interest that the writer does not trace the process back to the will of father and mother. Rather 'didst thou not pour me out?'

Some Old Testament passages seem to indicate an opposing viewpoint. It is sometimes said, for example, that Jer 1:4 ('Before I formed you in the womb I knew you') indicates a separation between personal life and biological life which implies that not all biological life is necessarily 'known by God' to be personal. However, Jeremiah is speaking of divine foreknowledge outside the line of personal history in time. We cannot read personal pre-existence into Jeremiah 1:4. What we can do is see in it a pointer to the divine significance accorded to Jeremiah from his very beginnings in the womb because even from before that time there was a divine destiny in mind for him.

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***All of us are called to grow and mature nearer to the image of God we see in Christ. And all of us are at a certain stage in that process of change.***

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Another problem paragraph is Exodus 21:22-5. This is part of the case law regulating the life of the desert community, the law relating to bodily injuries. Some people read this as suggesting that if there is a brawl and as a result a pregnant woman has a miscarriage but is otherwise not harmed, then a fine shall be paid, but if she is hurt, then a more severe punishment is needed. They argue from this that the life of the mother is therefore more valuable than that of the fetus.

Others follow the Septuagint translation of this verse in drawing a distinction between an 'unformed' fetus (the death of which was not to be treated as homicide) and a 'formed' fetus for which life was to be given for life. The relevance of this to deliberate actions against the life of the fetus is not clear, however, because commentators are agreed that all injury referred to in this verse is accidental. Furthermore, there may well be a better reading (followed by U.Cassuto and others): 'If the woman is hurt and so gives birth prematurely, but neither the woman or the child/children die, then a fine is appropriate; but if death follows (i.e. of either the mother or the child/children), then you shall give life for life. . .' It is unclear what weight should be placed on this passage. In no case does it teach that fetal life may be destroyed by choice.

\* Part 2 of this article will appear in the June, 1986 issue of *Ethics & Medicine*



# Birth Control and Population Policies

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The purpose of this article is two-fold. Firstly to show how birth control has been used in the 20th century as a tool to bring about social change. In examining this question it is not intended to put forward any view as to whether contraceptives (as opposed to devices which kill an already conceived infant) are medically or socially beneficial in an individual case. Nor does anything in this article imply any criticism of any necessary medical treatment or responsible family limitation.

The second purpose of this article is to show that as a tool of population control contraception is only of very limited effect. The article is not directly concerned with the social reasons for this, but it seems now to be widely accepted that easily available contraception leads directly to a big increase in sexual activity outside marriage. The net result is that the expected fall in the number of conceptions does not take place. On the other hand, when contraception on demand is supplemented by abortion on demand the effect on population is drastic.

The article therefore seeks to show that whether or not in a particular individual case the overall result may be beneficial, birth control as a way of bringing about social change is not only inefficient but highly dangerous to society.

## The Growth of the Birth Control Movement 1915-1942

In order to understand the ideas behind birth control it is necessary to know something of its history. The birth control movement had its origins in two different theories which were being propagated in the early years of this century. One was eugenics, the idea that the unfit can be weeded out of our society by preventing unfit people from having babies. The other was over-population, the idea that the resources of mankind are fixed and cannot be increased, so that if population increases there is simply less food for everybody. The leading proponents of these two ideas were two women, Margaret Sanger in America, and Marie Stopes in England.

In July 1915 Mrs Sanger lectured at the Fabian Hall in London under the auspices of the Malthusian League, an organisation dedicated to population control. Among her listeners and converts was Marie Stopes. From then on the primary aim of Mrs Stopes was to stop women, particularly poor women, from having babies. In 1920 Mrs Stopes opened the "Mothers' Clinic for Constructive Birth Control". In 1922 she was petitioning M.P.s to sign a statement, promising to press the Ministry of Health to use health clinics to "curtail the breeding of the C3 population". The C3 population was the working class.

At the same time, in America, Margaret Sanger was producing a magazine called *The Birth Control Review*, and in 1923 she organised the first birth control conference in Chicago. Her ideas rapidly gained ground. In 1926 Mr Justice Holmes of the U.S. Supreme Court held in the case of *Buck v. Bell* (1926) 247 U.S. 200, "It is better for all the world if society can prevent those who are manifestly unfit from perpetuating their kind".

These words found their echo many years later in the provisions of the Abortion Act 1967, which made abortion

of the handicapped legal in certain circumstances, regardless of whether there was any threat to maternal health. Eugenics was the principal motivation behind much of Mrs Sanger's campaigning. In her book "Pivot of Civilisation" which came out around this time, she complained that "Funds that should be used to raise the standards of our civilisation are devoted to maintenance of those who should never have been born".

Meanwhile, back in England, the concept of birth control, not as a means of eugenics but population control, was rapidly gaining acceptance. At a meeting of a number of distinguished members of society at the house of Lord Denman in 1930 the Birth Control Council was set up at the suggestion of Mrs Stopes. This was a federation of five birth control organisations. It later changed its name to the National Birth Control Association, and then the Family Planning Association. One constantly finds the names of these organisations changing, both to achieve more respectability and to conceal their true aims. For example, in 1931 Mrs Sanger founded "The Population Association of America". But in 1942 she founded "Planned Parenthood of America", which she thought sounded much more acceptable. At that time she was president of the organisation known as International Planned Parenthood.

As the birth control movement in this country progressed towards achieving its objectives it found a new justification and source of support in the growing movement for women's rights. This movement increasingly claimed rights to sexual liberation which would have surprised its Victorian founders. Many women thought they had found in the birth control movement the key to sexual liberation and equality with men. The development throughout the 20th century of more and more efficient methods of contraception and abortion seemed to them to offer women the scientific means to achieve these goals. The danger often caused to the health of women by these new methods was largely ignored. As a result "liberated" women became the most vociferous supporters of, and active campaigners for, free birth control for all.

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***It is today virtually a government dogma that it is bad for the country for the population to increase. The fact that the policies which they have adopted in pursuance of this dogma have led to enormous social problems is not regarded as invalidating it.***

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Nevertheless, the birth control organisations found that the best key to unlock the public purse, and to make government funds available to their organisations, was to emphasise neither eugenics nor "liberation", but the supposed advantages in terms of population reduction to be achieved by birth control. With the rise of Nazi Germany, eugenics became a dirty word; and a government consisting almost entirely of males had little sympathy with the demands of women's liberation movements. Population reduction, however, was an idea whose time had come.

During the first half of the 20th century, thanks to modern medical advances, the fertility rate rose and the death rate



fell. Population increased rapidly. As a result, population control changed from being the hobby of Malthusians to being almost universally accepted as a part of responsible government. It was on the back of this change in the thinking of society that the birth control movement rode to wealth and power and success. Nobody seemed to want to stop to ask if population control really benefits a country; and even if it does whether birth control (rather than, for example, chastity) is the best way to achieve such a benefit. To understand therefore how birth control developed from the activity of a few private organisations in 1930 to an all powerful organ of government policy in 1970, it is necessary first to understand population control theory, and the nature of population growth in this country during the 20th century.

### **The Control of Population Trends**

Before the 20th century, the expansion of the population was seen as something which the government of any country should support, because a growing population increased prosperity, and made a country stronger. For many people the population explosion in the United Kingdom in the 19th century, with the enormous increase in food supplies and goods which accompanied it, might have seemed to disprove the theories of Malthus. Nevertheless the Malthusians entered the 20th century more convinced than ever that population control was needed, and they have seen their theories accepted beyond their wildest dreams.

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***Thus abortion has become primarily neither medical treatment nor family planning, but merely a means of birth control, particularly for the unmarried.***

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During this century the attitude of our government towards population control has changed steadily from total opposition to total support. It is today virtually a government dogma that it is bad for the country for the population to increase. The fact that the policies which they have adopted in pursuance of this dogma have led to enormous social problems is not regarded as invalidating it. Rather these are seen as unavoidable side effects. Nothing has had more influence on this change of attitude than the population statistics. That is why it is so important for anybody who is concerned about the methods used to control population, and the consequences which have flowed from it, to know and understand these statistics.

Population trends are in fact extremely difficult to control. If, in a particular year, you have more babies than the year before, then 15 years later those extra people will themselves begin to have babies. So once the trend to more babies begins, it increases at an ever accelerating rate, unless stopped by more deaths, or other means. In the 20th century the population acceleration has been given an additional boost by the fact that the death rate in this country has fallen steadily throughout the century.

So what is necessary in order to bring such "Human inflation" under control, given that it is desirable to do so? In the first half of this century the number of birth control clinics increased steadily, and more methods were invented of controlling conception. Nevertheless, the effect on the population figures was minimal. The government steadily increased its support for the birth control movement, but with little effect. It became apparent that even making birth control available to everybody who wanted it was not enough to stop the population growing; perhaps because

one effect of doing this was to encourage far more sexual activity, especially outside marriage. It was only when in addition abortion was made available to virtually everyone who wanted it, and even for some who were given no real alternative, that population trends were reversed. The statistics speak for themselves.

### **Population Growth 1900-1950**

Three factors affect population growth: the fertility rate, the death rate and migration in and out of the country. During the 20th century the death rate of the population of the United Kingdom has fallen steadily. This is seen in the fact that whilst the actual numbers of the population have risen steadily during this time, from 38 million in 1901 to 56 million in 1981, the number of deaths annually has remained more or less the same at between 600,000 and 700,000.

Quite clearly no government is going to suggest that a fall in the death rate is a bad thing, or a trend which should be reversed. Some steps have been taken to curb immigration, but this too is politically sensitive. As a result, by and large, governments have concentrated their attention on trying to reduce the fertility rate. Anti-child propaganda has risen during the century from a trickle to a flood. Every possible method has been used to persuade women to want less children, and to provide them with the means to control their fertility.

### **What has happened to the fertility rate?**

The fertility rate is worked out mathematically from the birth rate. It assumes that an average woman will have about 30 fertile years. Thus, if the average number of children born to each woman of child bearing age in a particular year (i.e. the birth rate) is .066, then the fertility rate for that year will be 2 ( $.066 \times 30 = 2$ ). It has been worked out that, in the circumstances existing in this country in the 20th century, to maintain a steady population would have required a fertility rate of 2.1. In other words if each woman had borne during her lifetime on average 2.1 children the population would have stayed the same.

During the first quarter of this century this stable figure was achieved. Thus, a woman born in 1924 would have had (statistically) 2.1 children, by the time her child bearing years were over in 1979 or thereabouts. But during the second quarter of the century the situation changed radically. The fertility rate began to rise year by year, and women were having their babies earlier. Thus for women born in 1929 the fertility rate was 2.3, and for women born in the 1930s 2.4. At the same time the number of children born to a woman by the age of 25 went up from .69 for women born in 1924 to 1.06 for women born in 1944.

The fertility rate of 2.4 in 1931 was not exceptionally high. Only 60 years before in 1871 the rate had been 3.5. But when one took into account the steadily falling death rate among the elderly, and even more importantly the fall in the death rate among children aged 0-4, it seemed clear to the government that we were about to experience a population explosion in this country of unprecedented proportions. At the same time it did not pass unnoticed that the fertility rate among unskilled workers was 30% higher than among those who were better off, because the latter were more inclined to use contraceptives. Thus the obvious answer to this supposed problem appeared to be to popularise birth control, and to make it equally available to all.



### **Birth Control as Government Policy 1930-1967**

We have already seen that in 1930 the Birth Control Council was established, as a federation of five separate birth control societies. In the same year the Ministry of Health issued a circular to local health authorities, giving them power to provide birth control advice for those women "for whom a further pregnancy would be detrimental to health". At that time the Birth Control Council had 20 clinics. In the 1930s it became the policy of local health authorities to offer local authority premises to the birth control clinics, and this soon became the norm. By 1939 the organisation had changed its name to the Family Planning Association, and 65 clinics were in operation. By 1958 the number of clinics had increased to 292, and a significant change in the attitude of the established church towards them was marked by the Lambeth conference in that year, which stated that birth control was "a right and important factor in Christian family life".

Despite all this government-supported activity, the population continued to rise; and particularly the number of children continued to rise. The latter was seen as the real threat, because of course those children would in turn themselves have more children when they became old enough. By 1961 the number of children aged 0-4 in the population was 3.7 million, and this was increasing every year. By 1967 the number had reached 4 million. It became obvious to the government planners that if population was to be stabilised far more drastic steps would have to be taken than had been taken up to that time. Only on the assumption that some decision of this kind was made can one explain the disastrous steps which were taken in 1967. It was a case of over-kill, if ever there was one. From 1967 onwards the number of children aged 0-4 in the population fell steadily every year. In 1981 only 14 years later the number had fallen to 3 million, and was still falling. So the question is: what happened in 1967, which reduced the number of pre-school children by 25% in 14 years?

### **1967: The Watershed Year**

The National Health Service (Family Planning) Act 1967 enabled local health authorities themselves to provide contraceptive advice to all who asked for it, regardless of age, medical need or marital status. The Marie Stopes clinic was still being run by the Eugenics Society, as it had been since 1920, but it had now become the policy of the government itself to provide birth control services. As if this new policy was not enough, the pressure on women to exercise birth control continued to be increased in the years following 1967. Contraceptive supplies of any kind obtained through clinics became free of charge in 1974, and from 1975 they could also be obtained free of charge from G.P.s.

Even with all this contraception the fertility rate would not have fallen below replacement level but for another very significant change in society which took place in 1967. A combined effort by leaders of the Labour and Liberal parties brought in the Abortion Act, which was so loosely worded that in effect it allowed abortion on request. The scales tipped. The fertility rate fell rapidly, and in a few years was below the 2.1 replacement level, where it has stayed ever since.

### **The Social Consequences of Birth Control after 1967**

Even after 1967 the number of women of child-bearing age in the population continued to increase each year, simply because of the upward trend in the number of babies each year before 1967. Furthermore, in the years following 1967 there is strong evidence to show that more and more women were having sexual intercourse, and at earlier and earlier ages. These two facts make it all the more astonishing that from 1967 onwards there was a steady decline in the number of births. This was accounted for not only by the steady increase in the number of women attending Family Planning Clinics, but also by the steady increase in the number of abortions. The following statistics show the social changes brought about by these two factors in the years after 1967. They also illustrate a fundamental change in attitudes towards sexual activity and parenthood, which this massive pressure for birth control produced and encouraged.

The percentage of married women using the family planning services rose from 40% in 1965 to 70% in 1975; and even more significantly the rise in the number of single women using these services was comparable. The percentage of single women who had ever used contraception rose from 24% in 1970 to 45% in 1975. The majority of these steep rises in the practice of birth control among both married and single women took place in the years 1974 and 1975, when the contraceptive pill became available free of charge.

The age-related statistics for these years are also very significant. They show an enormous increase in the use of birth control by young single women. By 1975, 19% of single women aged 16-17 were using the family planning services. Among single women aged 18-19 the number was 32%, and among single women aged 20-24 no less than 47% of them were practising birth control. Nor did the figures stabilise at this level. They continued to increase. In 1974 the number of girls under 20 seen by the Family Planning Clinic Service was 129,000, but by 1980 this had nearly doubled to 248,000. Most alarming of all, from 1976 onwards records were kept of girls under 16 who consulted the clinics. 8,000 were seen in that year. By 1982 this number had nearly doubled to 15,500. The recent decision by the House of Lords (in the case of *Gillick v. West Norfolk and Wisbech Area Health Authority and Another*) is likely to accelerate this upward trend.

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### ***Men who no longer fear unintentionally becoming a father have been able to use women for their pleasure and discard them in a way unknown to previous generations.***

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The big increase in the use of contraception among unmarried women was paralleled by a similar increase in the number of abortions. Notified abortions among married women rose between 1967 and 1971 from nil to about 40,000 per year, but have not increased much since then. But among single women the number of notified abortions was 44,000 in 1971 and has nearly doubled since then to 73,000 in 1983. This doubling has been apparent in all age groups. For reasons it is not necessary to go into here most married women have N.H.S. abortions but most single women have private abortions. The big rise in the



number of abortions among single women has meant that in 1971 two thirds of all abortions were done on the National Health Service, but by 1983 the majority of abortions were done privately. 10% of conceptions among married women, and 50% of conceptions among single women, are terminated. Thus abortion has become primarily neither medical treatment nor family planning, but merely a means of birth control, particularly for the unmarried.

### **The Birth Control Clinics 1974-1984**

All of this could not have taken place without an enormous expansion in the provision of birth control services. In 1974 when contraception was made free there were over 1,000 clinics in the United Kingdom. At that time they were handed over by the Family Planning Association to the local health authorities. By 1984 there were more than 2,000.

19 clinics around the country are run by the Brook Advisory Centres, an independent charity. They claim to provide contraceptive advice and counselling for young people, and to "help with unplanned or unwanted pregnancy". Carol Barnshaw, a counsellor with the Brook Advisory Centres in London, said in a talk on the 11th February 1984: "Over the last 20 years it has become increasingly obvious that people using birth control also need help with terminations of unwanted pregnancies. So we have gradually adapted, to provide a service for people wanting abortions". They estimate that 3% of their clients are under 16, that is about 1,800 per year.

It has been the policy of the Family Planning Association since 1967 to give advice to unmarried people, and they have always considered that the term "birth control" includes sterilisation and abortion. Nor must it be overlooked that since 1975 birth control advice and supplies have been available free from G.P.s. Thus in 1980 one and a half million people received family planning advice through the clinics, and two million received such advice through their G.P.s. Among those consulting the clinics more than 100,000 were under 18.

All family planning clinics now offer what is called "a post-coital service". This means inducing an early abortion (if the woman is pregnant), either by providing hormonal drugs, or by the insertion of a device. Women wanting a later abortion may be referred to the private agencies, that is the British Pregnancy Advisory Service and the Pregnancy Advisory Service, both of which have their headquarters in London. Marie Stopes House in London, which is run by the Eugenics Society, also provides private abortions.

### **The Situation Today**

The birth control movement in this country has come a long way from its original purpose of weeding out the genetically unfit. Nowadays scientists who think along the lines consider that the realistic way to do this is to breed people in test tubes, and eliminate the undesirables before they even reach the womb.

Even the dramatic success in producing a falling population in this country is no longer seen by everyone as beneficial. Between 1971 and 1981 the number of children under 16 in this country dropped by 12%, whilst the number of people of pensionable age rose by 10%. Unless drastic steps are taken to reverse this trend (e.g. by making abortion illegal) it will continue to accelerate for the

reasons already given. It does not take much imagination to foresee the effect, on the wealth, enterprise and energy of this country, of a population increasingly composed of elderly people.

Despite this, artificial birth control today is more popular than ever. No public figure now dare oppose it, because it has become a sacred cow of the Women's Rights Movement. Enormous sums of money are spent every year on propaganda to promote birth control, and to conceal, or mislead people about, its true effects. This money comes both from government funding, and from the enormous profits made by the individuals and companies who supply birth control pills and devices. This propaganda has been used virtually to drown out the voices of the pro-life and pro-family organisations, poorly funded and with little access to the media, which have continued to point out the harm to women and society caused by artificial birth control.

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### ***The fact that it is possible to control when and if one has a child has increasingly led to a child being regarded by society as property***

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The purpose of this article has been to show the effect of the birth control movement on the population, but in conclusion it may be worth pointing out the many adverse side effects which it has had on our society.

These may be briefly listed as follows:-

1. It has facilitated the exploitation of women by men. Men who no longer fear unintentionally becoming a father have been able to use women for their pleasure and discard them in a way unknown to previous generations. This fact has been hushed up by a media dominated by "liberated" women and promiscuous men. As a consequence on this there has been a fundamental change in the way that many men and women view and treat one another. One marriage in three now ends in divorce.
2. The ability to have "sex without babies" has contributed to the destruction of the family, meaning by the word "family" children being brought up by both their parents. The results have been an enormous rise in the number of one parent families, in the number of divorces and in the number of disturbed children.
3. The fact that it is possible to control when and if one has a child has increasingly led to a child being regarded by society as property: as something which I have a right to be supplied with if I want it, and something which I have a right to get rid of, or to ill-treat, if I so desire. There has been a steady increase in cruelty to children.
4. Damage caused to the health of women, particularly of younger women. Girls who could not contemplate being responsible for a family are encouraged to have intercourse earlier and earlier, in the belief that any child can be prevented; or if conceived got rid of by abortion. Earlier intercourse has led to an epidemic of cancer of the cervix, which appears to be directly linked to early sexual activity, among younger and younger women. The contraceptive pill has been found to increase blood clotting and hormonal problems. Promiscuity has led to a huge increase in the incidence of sexually transmitted diseases.
5. All these factors have contributed to an enormous increase in the number of women suffering from sterility. In the natural state sterility is rare in human beings, and it is

*Continued on p. 7*



## Student Forum

*Stephen Gordon, a second year medical student at Cambridge, leads, with another student, the pre-clinical group of Christian Medics, at Cambridge, and was recently introduced to Ethics & Medicine by a fellow student.*

Stephen finds himself reluctant to comment in the *Student Forum* type of situation because he feels that his 'untried faith and vast vacuum of clinical experience' qualifies him to 'listen, to read and to learn from the calibre of person who does write in *Ethics and Medicine*'.

He does, however, raise an issue which is of great concern to him at the present time. He finds that his medical teachers, or some of them, at least, have a very negative attitude towards careers in the 'Third World'.

He feels that we have a vast excess of training in the U.K. (comparable perhaps to a milk or wine lake) and that good doctors are "bureaucratically cramped and over specialised" while the Third World has a desperate need for qualified Doctors to teach and practice.

He suggests that, while 'Third World Medicine is sold as a brave, altruistic option for academic no-goods and perhaps a few Jesus freaks', the variety of skills, as well as the resilience and self-sacrifice required to be a doctor in a remote hospital in the Third World, are even greater than those required to reach consultant status here.

He asks why years spent in service overseas are considered as 'wasted' as far as career structure in the N.H.S. is concerned, and why the valuable experience gained in such service is so undervalued that such doctors returning to Britain are required to assume relatively low-grade and undemanding positions in the career hierarchy?

Stephen wonders why the teaching staff cannot accept that such a carer in the Third World may be as demanding, challenging and rewarding as a career here, but in a different way.

His comments, interestingly, are based upon a childhood in Kenya, as well as a year spent working in N.W. Uganda in a Mission Hospital between leaving school and starting at University.

I should like to reassure Stephen from the start, that, while it is nice to think that some of the E & M contributors may measure up to the 'calibre' which he has in mind, most of us are fairly ordinary sort of people whose concern is simply to have other people think through the issues we deal with. We are more than delighted to hear from students like himself at the early stages of their studies, and from people of greater experience at whatever stage of life. It is the involvement of many different people with many different views which will give the *Forum* and, indeed the whole journal the vitality which it needs if it is to be at all successful.

My own reaction to his questioning is, essentially to agree that overseas service of this nature is of tremendous value and significance, and that it demands very high qualities on both a professional and a personal level, and I would further agree that this OUGHT to be recognised by teachers and by employing authorities in this country.

The fact, however, is, that it is not, and I would also agree with Stephen that this is an ethical issue which is, of course part of the whole 'North vs. South'. 'Haves vs. Have nots' controversy. There can be no doubt that we do have a "Medical Mountain", by comparison with the Third World, and the reasons for this may partly lie in the attitudes adopted by advisors in Medical Schools.

In response to the problem of the experienced doctor coming back from the Third World, there is the problem of the constant change in emphasis and technology which is taking place in Western Medicine, and there is possibly a need for officially recognised 'Return courses' for such doctors who must return to the U.K., in which they might be orientated to the changes which have taken place in the profession since they left. Following such re-orientation, 'slots' might be found in the specialities at an appropriate level of seniority.

Perhaps this is a challenge to the Profession, and to the Christians in it who occupy senior positions and specialist posts, but it is rather uncertain whether this would resolve the problem in an increasingly competitive career structure.

We must realise, however, that the values of teachers, advisors and medical employers, are those of our Society, and of the medical 'establishment', and it is unlikely that they will readily change, unless some men and women with changed hearts are prepared to take up the responsibility of climbing the 'establishment' ladder. This can be a hard way, just as the overseas call may be a hard way, and in both circumstances we need to be sure of God's guidance and strength, and the dangers of doing either without God's leading are just as great.

We would welcome the views of others on these points.

*David Williams, a medical student, writes as follows:*

"Dear Sir,

I read your article *Student Forum* with interest. I am a student at St. Thomas's, starting my first clinical year. I believe that abortion is immoral in all but the most exceptional cases, when the mother's life is at risk. I also believe that Christians are wrong to be judgementalist on this or any other issue (cf. Romans 2:1 ff.).

For the General Practitioner this does not create a problem in itself; he can talk to his patient and carefully and lovingly explain his position and offer a viable alternative.

The student and the junior House doctor are in a more difficult position. They often do not have the opportunity to see a patient before a voluntary termination of pregnancy, and yet their consultant expects them to assist. To refuse is to pass judgement, without having a chance to show the love which Jesus would have us extend to all those around us. To accept, it seems is to condone.

I found myself faced with this predicament before I had thought the issue through.

I am grateful that your magazine has helped me to think through the main Biblical and ethical perspectives of the abortion dilemma. I wonder if you can help me work out the practical implications for the Christian medical student.

### Comment

One of my own problems over issues of this nature is that I am not practically involved in the question since my field is one in which the issue of abortion does not arise.

*Continued on p. 16*



## Reviews

### **Understanding alternative medicine: Health Care in the New Age**

Roy Livesey  
New Wine Press £2.95

This book, divided into five parts, deals with the ever expanding topic of Alternative Medicine i.e. those aspects of health care which exist outside the N.H.S. and which are usually practised by non-medically qualified personnel. There is great public interest in this field of health care, an interest which has been stimulated by frustration with the failings of the N.H.S., and with increasing awareness of the dangers or possible dangers of drugs. Needless to say, the most sceptical about these new therapies have been the classical Medical Practitioners.

Much has been written about Alternative Medicine particularly in the popular press and magazines, but little has so far been produced from a particularly Christian viewpoint. This book attempts to review the subject from the Christian standpoint.

The author's thesis is straightforward: Alternative Medicine is a work of Satan, and as such all forms must be opposed by Christians. The book links the occult and Alternative Medicine and proposed that the rise in this form of medicine is a sign of the Last Days.

The author gives extensive personal testimony of his experiences in spiritualism, eastern mysticism, faith healing and the occult all of which preceded his conversion. He now travels and lectures on these subjects.

The range of alternative therapies covered is vast, and this reviewer had only heard of a small proportion of those mentioned. They stretch from acupuncture through herbal remedies (including the now popular ginseng), osteopathy, transcendental meditation, transactional analysis, faith healing, and biorhythms to homeopathy! Chapter 10 gives a useful checklist of cults and the occult.

These therapies are then placed in the context of Hinduism, and the New Age Movement, that international grouping recognised by their use of the rainbow as the International Sign of Peace. This international conspiracy is extended into the commercial world of international banking by the use of bar-coding on goods and of credit cards.

The author's final thesis is that classical medicine is equally off the track, the pharmaceutical industry being described as the sorcerer, the doctors as gods.

The final chapters deal with the Christians attitude to ill health and healing, and it is here that this reviewer parts company with the author, and where I believe the book changes from being an interesting view of a controversial subject to a potentially dangerous and disturbing view of Christian doctrine regarding healing. Christians should, according to the author, go to God

before going to the doctor. One assumes that all of us would do just that. But there is more to it than that – in the author's view, Satan is the cause of all illness and accident; it is Satan who makes us ill in order to thwart God's plan for us; at Calvary, there is both spiritual and physical healing – Isaiah 53 is quoted "by His stripes ye are healed" i.e. illness should never affect the Christian! And yet we know that this cannot be true. Paul suffered the thorn in the flesh. Mr. Livesey concludes that death by illness is not for the Christian! Those who die from illness do not have God's revelation on healing.

We would all agree that Jesus is the Great Physician but to put the responsibility for death so squarely on our shoulders as to claim that death is due to a lack of spiritual understanding on our part is to condemn some of the greatest Christians of our era and of the past. It appears to me that there is a confusion of the physical and the spiritual in this book in a way which could seriously damage your (spiritual) health if you took it seriously.

The author has done us a service in this book by bringing to light a lot of what is wrong with Alternative Medicine, and in pointing out the work of the Prince of Darkness, but I cannot recommend it for its unbalanced Scriptural view, and the danger that could bring to both physical and spiritual health.

IAN L. BROWN

*Continued from p. 15*

I find it easier to take a black and white view of the subject than several of my colleagues who are personally involved. I can, however say, without fear of contradiction, that any student or professional person, whether medical or nursing, may refuse to be involved in terminations on grounds of conscience.

This does not answer your point, I know, but it is, none the less a starting place from which to consider it. This means that you are not, necessarily, being judgemental if you opt out of such a procedure, you are merely exercising your legal right, as well as stating your moral or ethical position. I intend to pass the buck in this instance!

Will some of our readers for whom this is an issue of immediate practical experience please write to Ethics and Medicine Student forum if they feel able to give the advice for which David is asking?

GEORGE L. CHALMERS





## **Rutherford House Medical Ethics Project**

Visit to Britain of

**Dr C. Everett Koop**

**Surgeon-General of the Public Health Service,  
United States of America**

October 24th-31st, 1986

**Edinburgh:** Day Conference, Saturday October 25th

***Life, death and the handicapped new born***

Dr Koop will be joined by Professor Peter Gray, Professor of Paediatrics at the University of Cardiff, and Dr Richard Higginson, Tutor in Ethics, Cranmer Hall, Durham.

**Birmingham:** Seminar at 7.30 p.m., Monday 27th

**Cardiff:** Seminar at 7.30 p.m., Thursday 30th

**London:** Seminar at 7.30 p.m., Friday 31st

### *Fees*

**Edinburgh Conference:** £6.50, including coffee (students £4.50). *Buffet lunch £4.50 extra if required.*

**Seminars:** £5, including coffee (students £3).

*Please book early on the form enclosed since accommodation will be limited.*